

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

## Filing at a Glance

Company: Medico Insurance Company

Product Name: AR A18 DVH Policy

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form

SERFF Tr Num: MDIC-125644426 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39001

Co Tr Num: LM AR A18 DVH  
POLICY

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Luanne Melies

Disposition Date: 05/15/2008

Date Submitted: 05/13/2008

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LM AR A18 DVH Policy

Project Number: LM AR A18 DVH Policy

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/01/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Enclosed, you will find an Outline of Coverage form MI9F-4331, 04032008 to replace the original form MI9F-4331(AR) 04072008 filed April 11, 2008. This form is for our individual A18 Dental, Vision and Hearing Policy that was approved by Arkansas on April 21, 2008.

The form MI9F-4331(AR) 04072008 was created as an Arkansas state special form. The form included (AR) in the heading. This is the only variation this form has to our control version MI9F-4331 04032008 besides giving it a state

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

special form number at the bottom. The addition of (AR) in the heading made the outline inaccurate – the policy form number for Arkansas is MI-DVA18, not MI-DVA18(AR).

## Company and Contact

### Filing Contact Information

Luanne Melies, Compliance Analyst	lmelies@gomedico.com
1515 S. 75th Street	(800) 695-5976 [Phone]
Omaha, NE 68124	(402) 391-4858[FAX]

### Filing Company Information

Medico Insurance Company	CoCode: 31119	State of Domicile: Nebraska
1515 S. 75th Street	Group Code: 364	Company Type: Life and Health
Omaha, NE 68124	Group Name: Medico	State ID Number:
(800) 695-5976 ext. [Phone]	FEIN Number: 47-0122200	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form - \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$20.00	05/13/2008	20298859

SERFF Tracking Number:	MDIC-125644426	State:	Arkansas
Filing Company:	Medico Insurance Company	State Tracking Number:	39001
Company Tracking Number:	LM AR A18 DVH POLICY		
TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	AR A18 DVH Policy		
Project Name/Number:	LM AR A18 DVH Policy/LM AR A18 DVH Policy		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/15/2008	05/15/2008

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

## Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	AR-Certification 5-13-08.pdf			

<b>Satisfied -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Comments:</b>				
	Application MIHAA18(AR) previously approved 04-21-08			

<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Comments:</b>				
	This outline of coverage replaces the outline of coverage MI9F-4331(AR) originally approved 04-21-08.			
<b>Attachment:</b>				
	MI9F-4331-04032008.pdf			

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	AR-Flesch Certificate MIC 5-13-08.pdf			

<b>Satisfied -Name:</b>	Cover letter	<b>Review Status:</b>	Approved-Closed	05/15/2008
<b>Comments:</b>				

<i>SERFF Tracking Number:</i>	<i>MDIC-125644426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>39001</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH POLICY</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Policy</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Policy/LM AR A18 DVH Policy</i>		

**Attachment:**

AR cover letter 5-13-08.pdf





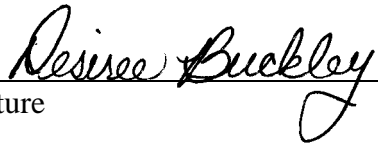
## ARKANSAS CERTIFICATION

Medico™ Insurance Company

\_\_\_\_\_ hereby

**Insurer**

certifies that this filing complies with the requirements of Arkansas Insurance Rule and Regulation 19 as well as all other requirements of the Arkansas Insurance Department.

  
\_\_\_\_\_  
Signature

Desiree Buckley, Vice President & Director of Compliance  
Officer's name and title

May 13, 2008  
Date



1515 South 75th Street  
Omaha, Nebraska 68124

Outline of Coverage for MI-DVA18  
Dental, Vision and Hearing Policy

gomedico.com  
Toll-Free 1-800-228-6080

LIMITED BENEFIT POLICY  
DENTAL, VISION AND HEARING COVERAGE

RETAIN THIS OUTLINE FOR YOUR RECORDS  
THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

**READ YOUR POLICY CAREFULLY:** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY**.

Limited Benefit Coverage: Policies of this type are designed to provide, to persons insured, limited or supplemental coverage. This policy does not provide any benefits other than the coverage described below.

BENEFITS PROVIDED BY THE POLICY

**Policy Year Maximum Benefit:** The maximum benefit we will pay during any one Policy Year. You may choose from:

☐ \$1,000                      ☐ \$1,500

**Policy Year Deductible:** You are responsible for the first \$100 of Covered Expenses during each Policy Year.

After satisfaction of the \$100 Policy Year Deductible, the policy will pay the following percentages of actual charges, not to exceed Reasonable and Customary Charges for Covered Expenses up to the Policy Year Maximum Benefit based on the Policy Year:

60% – First Policy Year  
70% – Second Policy Year  
80% – Third Policy Year and thereafter

Covered Expenses, subject to the limitations described in the Exceptions and Limitations Section, are:

- (1) Dental services, performed by a licensed Dentist, including semi-annual examinations and cleanings, x-rays, the cost of fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as Medically Necessary.
- (2) Visits to a Physician for a basic eye examination or eye refraction, including the cost of eyeglasses or contact lenses prescribed by the Physician, up to a maximum benefit of \$150 in any one Policy Year.
- (3) Hearing examinations performed by a Physician or Audiologist, the purchase of hearing aids prescribed as Medically Necessary by a Physician or Audiologist, including the cost of the hearing aid and any necessary repairs.

After the policy has been in force three months, the policy will pay 100% of the cost of one dental cleaning up to a maximum benefit of \$50 each Policy Year. This benefit is not subject to the Policy Year Deductible; however, it is included in the Policy Year Maximum Benefit.

Reasonable and Customary Charges are the normal and prevailing charges, fees or expenses for the service rendered or for the material furnished in the geographic area where rendered or furnished.

## EXCEPTIONS AND LIMITATIONS

Benefits will not be payable for the following items and/or services **during the first six months following the Policy Date:**

- (1) Root canals; or
- (2) Existing eyeglasses or contact lenses (including the renewal or changing of prescriptions).

Benefits will not be payable for the following items and/or services **during the first Policy Year:**

- (1) Bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, “full mouth” extractions or fluoride treatments; or
- (2) Existing hearing aids.

Benefits will not be paid under this policy for: (1) any loss resulting from war, declared or undeclared; (2) any intentionally self-inflicted Injury; (3) any loss to which a contributing cause was your commission of or attempt to commit a felony or your being engaged in an illegal occupation; (4) any expense for which payment is provided under Medicare; (5) any services that are not recommended by a Physician, as defined by the policy; (6) any Experimental or Investigational procedure or treatment; (7) orthodontic treatment; (8) any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; (9) expenses incurred for surgical procedures (other than outpatient dental surgery) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); (10) charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; (11) prescription drugs; (12) charges in excess of Reasonable and Customary Charges; (13) treatment or diagnosis received while outside the territorial limits of the United States; (14) services for which you are not liable or for which no charge normally is made in the absence of insurance; and (15) loss that occurs while the policy is not in force.

**THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR DENTAL, VISION AND HEARING NEEDS.**

## RENEWABILITY AND PREMIUM CHANGES

Renewability – Guaranteed Renewable – This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums before the end of the grace period.

Terms Under Which We May Change Premiums – We can change premiums only if we do the same to all policies of this form issued to persons of your class in your state, and we notify you in advance of the due date. “Class” means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under the policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

## PREMIUMS

MONTHLY BANK DRAFT	QUARTERLY	SEMI-ANNUALLY	ANNUALLY

Premiums are subject to change on a limited basis, as stated above. You have a 31-day grace period in which to pay your premium. Your policy stays in force during your grace period.

## FLESCH READABILITY CERTIFICATION

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

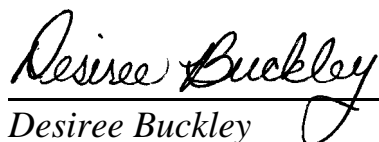
Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

Form Number \_\_\_\_\_ has been Flesch tested.  
The Flesch Readability Score was computed to be \_\_\_\_\_.

**MEDICO INSURANCE COMPANY**



*Desiree Buckley*

*Vice President, Director of Compliance*



## MEDICO™ GROUP

*Medico™ Insurance Company • Medico™ Life Insurance Company*

May 13, 2008

MEDICO INSURANCE COMPANY  
NAIC # 31119

Commissioner Julie Benafield Bowman  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Individual Dental, Vision and Hearing Policy

**Enclosed Material:**

MI9F-4331 – Outline of Coverage  
Flesch Certification  
Filing Fee - \$20.00

Enclosed, you will find an Outline of Coverage form MI9F-4331, 04032008 to replace the original form MI9F-4331(AR) 04072008 filed April 11, 2008. This form is for our individual A18 Dental, Vision and Hearing Policy that was approved by Arkansas on April 21, 2008.

The form MI9F-4331(AR) 04072008 was created as an Arkansas state special form. The form included (AR) in the heading. This is the only variation this form has to our control version MI9F-4331 04032008 besides giving it a state special form number at the bottom. The addition of (AR) in the heading made the outline inaccurate – the policy form number for Arkansas is MI-DVA18, not MI-DVA18(AR).

A copy of the replacement form is enclosed for your approval.

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,

Luanne Melies  
Compliance Analyst  
1-800-695-5976 Ext. 249  
Fax (402) 391-4858  
lmelies@gomedico.com

*Protecting Your Future Today®*